Economic Recovery Advisory Board
Public Health and Healthcare Workgroup
ACCESS TO CARE FOR IOWANS: RURAL/URBAN LISTENING
Meeting Notes
July 30, 2020

9:00 a.m. Introductions

Robb Gardner – Mt. Pleasant
Laura Jackson – Senior team at Wellmark
Matt Wenzel – Great River Health
Samantha Cannon – CEO for CHCSI

Robb gave an overview of the discussion topic for this call as Access to Care for Iowans: Rural/Urban, and shared that the call today will focus conversation around:

1. Rural/urban partnerships around managing disease and conditions.
2. Telehealth to extend access.
3. Creating a regional system of care that connects primary care with specialty care for managing complex conditions.

GROUP CONVERSATION

Tim Charles asked if there is anything that we can to promote the importance of masking – low threshold of tolerance for mandating, we are very strong proponents of that. Long term care, very clear understanding about how fragmented the long term community care was. PPE, visiting, screening of staff, fundamental types of practices (partnership with long term care facilities) most facilities just didn't have the resources, that's and area we need to continue to focus on. Screening services and resources to local business interesting in bringing their businesses back. Have a formal job of a screener that has a wage rate and job description. We've established an initiative with the eastern Iowa airport (travel well program) waiting for final approval from the FAA. Enabling our communities to feel safe around traveling again. Lack of continuity and advice that local public health officials are providing. Bring together entities and have more focused discussion on those issues. Schools, working with local school districts, not sure if there's a way of sharing best practice.

Casey Ficel, Iowa Pharmacy Association said that pharmacists are in a good position to fill a potential void. Right now state law doesn't necessarily allow them to provide all of the services they're trained to provide. Immunizations is one of those. Iowans need accessed to healthcare services. Pharmacists can cast a wider net in providing referrals, if a person is visiting a pharmacy, they're trained to spot adverse conditions and refer them to a primary care provider.

Jason Harring said that with long term care, coordination of transfers is a topic to discuss, none of our facilities will take residents back until they have two negative Covid tests. There not always availability of testing. Need greater access to rapid testing. Intent is for surveillance, that message has been watered down. Different authorities are giving different guidance and it should be consistent. There's a role that the state could play in that.

Lina Tucker Reinders, Iowa Public Health Association said that we need to think outside of the box. Partnerships between schools, chambers, things outside the typical realm are necessary for any public health issue. If we really want to get Covid under control and strengthen our economy, we need to

partner. Masks is a key mitigation strategy in preventing spread and protecting economy. Leaders need to show trust in local public health, and look at how we fund those. When we look forward to what will be next, we need to have those non-traditional partnerships to help us foster the trust when we roll out the vaccine and other public health issues. Last thing we need is a measles outbreak on top of other things. Trust in local public health in emphasizing population based measures.

Matt Wenzel asked for clarification on a school and chamber partnership?

Lina Tucker Reinders said that she means we should support building relationships with business and schools, so public health can be a trusted ally. How can these partnerships allow us to think creatively in how everyone can be engaged? For Covid, providing feedback loops for tracing, working with business about how to implement plans. Those relationships will foster trust in the future. Public health is the dam that prevents the flood, let's strengthen it by building partnerships.

Jason Harring said in border communities, some are taking guidance from other states and it can be in conflict with what Iowa puts out. There's an impact on all border communities, getting guidance from multiple states, not sure how to fix that. Nationally that's an issue.

Sam Jarvis, Johnson County Public Health said that a lot of places are turning cases back to the state, but need to try and keep them local. Rural/urban access, pharmacies and churches (faith based initiatives) community centers, points of access, anything that can be done on that front would be extremely helpful.

Ashley Thompson said providing healthcare services in larger urban area but also have critical access hospitals. We've seen a surge and need for care and services in urban area, lots are traveling from urban to rural, with that we've seen an increased need for telehealth service. Many of us recognize that we can't have a specialized doctor in every single community. Rural communities can't always travel to urban areas. Telehealth continues to be an important piece of health care system. Emergency medical services are vital connection to rural communities, governor is making rural EMS a priority. Hope we maintain focus on this to make sure everyone is getting access to care.

Robb Gardner asked if there are things we could take back? What are other states doing? Can you talk about those?

Ashley Thompson said she will send some follow up, but thinking of Cherokee health systems in Tennessee, they serve a very rural population, working directly with a wholly integrated team, doing direct outreach. Sending people to homes, integrating telehealth as well. Able to get everything done in one clinic visit. We have folks with lots of needs, this is a great opportunity to bring down health care costs. Hope we can continue this, lots of opportunities to bring good services and partnerships to rural communities.

Robb Garner asked what are some other solutions or barriers to care?

Kim Murphy, Iowa Hospital Association said in regard to rural care and connections, access to emergency medical services is vital. They're struggling to fund and provide emergency medical services. Making sure to have those on the ground is so important. Can these be funded as an essential service?

Lina Tucker Reinders said we need to capture the data and learn from telehealth. If we view Covid as an opportunity to do some creative thinking. We need to capture that and use it to do better going forward. Let's continue on the trajectory with doing better with some of these innovative opportunities.

Robb Gardner asked how we can use technology to connect everyone to fill gaps in care, very important. How do we use telehealth to assist?

Samantha Cannon said during public health emergency, we've seen expansion. What parts of that do we need to ensure we continue? What pieces are working well and what pieces are still missing?

Kim Murphy said the innovative ways that they can be used are endless. All of different types of specialty care, people are able to get connected. Psychiatric care, tremendous improvement, really provided that connection to make sure they get that level of care. It's an innovative way to ensure access, pandemic has taken it to a whole new level. Telehealth has been the way to ensure that we adhere to restrictions and still meet those needs.

Matt Wenzel said going from urban to rural in setting of hospitals. We're trying to help hospitals around us by extending specialists, sometimes we need help (GI example) having that service from a for-profit out of Atlanta. It's a good service, but would be a lot better and coordinated if we could bring that locally. Consideration of how care is being delivered and received.

Kari Lebeda said it helps with transportation issues. Individuals that may have a large number of no shows, can be remedied by telehealth visit. Can be a way to quickly see a provider to see if they need to come in for further connection and care. Affects both urban and rural.

Ashley Thompson said from the Unity Point perspective, if we're looking at economic recovery, we have folks that are working in agriculture and industries, it's costing them money to take three or four hours out of the day to get the care that they need. Doing a virtual visit is not only saving them time but saving them money as well. Tend to think of telehealth between patient and provider, but we have physicians and providers who are working directly with nursing homes. Doing this all through telehealth but talking to long term care facilities and nursing homes to help them manage medications, etc. a good way to keep older communities provided a better level of care.

Matt Highland said looking at prior to pandemic, wondering if there is part of a solution that is education based. Do providers know the full gamut of what they can provide with telehealth?

Robb Gardner said a lot of people don't know how to access that or where to find that information. How do we make sure everyone knows where to go?

Kim Murphy said telehealth awareness has been a silver lining, thanks to the governor for proclamations, awareness has naturally come. Popular option for folks, there has been a more recent awakening to this possibility.

Lina Tucker Reinders said partnerships with health navigation teams, great opportunity for investment in community health workers, can be a partner in the spectrum of care, the conduit to telehealth, etc. can use them to help promote that. Also have those one-on-one touch points that can be met by community health workers.

Abhay Nadipuram shared that anecdotally, doc has been able to reach out to patients and give them options, leaning on the providers to share the message of telehealth to their patients.

Robb Gardner asked if there have been any challenges about technology? Broadband? Internet?

Ashley Thompson said yes.

Laura Jackson said we are calling them virtual visits, telephone is not the only way. Becoming a new model of care, it's critical that we provide access and resources. Keep people where they can best recover. Efficacy and appropriateness, have already seen levels of abuse. We don't want to see abuse, want to avoid those roadblocks. Start with the end in mind coming out of the gates, seamless transition. Feedback?

Matt Wenzel asked if the quality of care has changed? Is there demand of local communities? Does the market present that service? Does that financial sense? Those are some lenses when providing care locally.

Jennifer Havens said that Covid has allowed us more flexibility and to force something to the forefront. Telehealth has momentum now that maybe wasn't there before. Can be more efficient – truly dependent on the physician, not the specialty. We shouldn't shy away from trying it in many different specialties to see if there's a way that we can make it work instead of limiting ourselves. Rural/urban collaboration, maternal health crisis, how do we look at this differently and remove some barriers? I think a lot of programs are currently at risk for closing and our state continues to be at a high risk for caring for mothers that need these services.

Laura Jackson said when you think about rural healthcare and things that aren't accessible and resources that exist, advantage of having a pharmacists available. What other services in the urban areas could be a utility?

Ashley Thompson said one example that comes to mind is tele hospitalists or interventionist programs. Providing services to rural communities.

Robb Gardner asked if there were additional ideas? Dental?

Suzanne Heckenlaible, Delta Dental said access perspective in ensuring that we look at the outreach and where they're doing it because many of our programs are tied to schools. How do we ensure that those screenings are conducted? Highlight I-Smile program, inform and educate and do preventative services, how do we ensure that it is truly the safety net? That program is very effective in increasing the care for children, work with local dentists. Replication for older adults, nursing homes, homebound, getting the care they need. Work with hospitals to make sure they have the health services and oral education they need? School program has been a key component in ensuring kids don't get lost in the shuffle with their dental pain. I-Smile is really that core component of the safety net.

Robb Gardner asked about connecting rural and urban. How do we create a regional system of care?

Jason Harring said we should think about out of state systems that have hospitals in the state of Iowa. Not sure of a solution, but we need to make sure that the appropriate people are at the table to have those strategic discussions, includes border places.

Robb Gardner asked if there are centers of excellence?

Samantha Cannon asked if there are there any policy changes or additions that might help support this work?

Casey Ficek gave kudos to governor's office for looking at modernizing licensure requirements. Ensuring that the second part of attracting providers is making sure that they can use their full talents. Eliminating some of the red tape and let our providers do what they do best. Lots of opportunity there. Look at attracting talent.

Matt Wenzel said without waivers, wouldn't see advancements. Good place to start is looking at those waivers and see which ones can and should stick going forward.

Robb Gardner asked about ADT information?

Kim Murphy said time stamp events are to be tracked and can lend itself to a lot of care coordination, great for patients, leads to better outcomes. Opportunities to ensure great coordination of care.

Alexandra, Iowa Department on Aging said they are piloting an initiative to assist non Medicaid seniors. Follow them post stay and provide community based services. Community based services connection.

Robb Gardner barriers for ADT? Would love to get everyone on a platform. What else can we do to improve access to care?

Suzanne Heckenlaible said they work with Iowa Area Development Group and shared that some of the issues that have come up have been about buildings and looking at opportunities to leverage for rural areas the professional opportunity for investment in those areas. Unique from a dental perspective. Equipment and so forth that is pretty old as well. Looking at those things when we try to recruit and how can we leverage some of those dollars to do so?

Abhay Nadipuram said we need to continue to have a conversation and reevaluate reimbursement rates. Need to make sure they're being reimbursed fairly and enough. Continue discussion of that and reevaluate where we are and how far we have yet to go.

Matt Wenzel said in Iowa, generally we work pretty well together rather than competing for limited resources. The certificate of need is a big part in that. Need that to continue. Competitiveness can be damaging especially to rural Iowa.

Robb Gardner asked about access to behavioral health?

Matt Wenzel said largest transfer out as a percentage. Either we are at capacity or they need a service that we can't provide. We don't have a child psychiatric unit, so we transfer a lot out.

Samantha Cannon said their organization opened a behavioral access center that helped adults, we are now seeing an uptrend of utilization, largely driven by the disease. Others seeing increased needs?

Robb Gardner said seeing an uptake from the ER.

Matt Highland shared that there is another work group this afternoon focused on the workforce component. As we gather input and feedback including the written feedback, that will also be put on our website.

Comments and questions via the meeting chat:

From Ann Cochran: Yes, one of the positive outcomes of the pandemic is the recognition of how important telehealth is in rural areas.

From Ashley Thompson: Immediate barrier that comes to mind is the lack of clinical and related data sharing between entities. For example, if a local public health department is utilizing an EHR or system to track public health nursing/outreach to a member in the community there is no connection to that person's primary care provider, their mental health provider, etc.
This is a missed opportunity to coordinate care

From Samantha Cannon: Great point, Ashley! Do you believe there are any existing systems or tools that could be enhanced or expanded for resolution?

From Kimberly: Agree that data is incredibly important for care coordination. ADT can provide a very important data point to ensure coordination of care across providers. ADT data can assist with population health management and management of chronic conditions.

From Cindy Fiester: Agree with Ashley and Kimberly with the need to be able to share data in order to provide care coordination.

From Lina Tucker Reinders - IPHA: Let's take a long-game approach, too. How can we use technology to train new providers - community health workers, mental health providers, nurses, docs & dentists, etc. We need to invest in training people from our communities and encourage them to return to their communities. We also need to invest in training programs for people of color. Care providers that have shared life experiences are important in trust building and ultimately improved health outcomes.

From Laura Jackson: In small communities, how could we bring virtual visits to those patients without technology?

From Ashley Thompson: Great question and point, Matt! There's tremendous opportunity to educate Iowans about options to receive care via vritual/tele options. Challenge is health care coverage and networks (Do patients have Medicaid? Medicare? Commercial plan? Who is in-network for these services and what services are covered?)

From Laura Jackson: Great point Ashley. Consistency across payers for the benefit of patients and providers will be critical or we fear that will be fits and starts with virtual care becoming a new model of care.

From Ashley Thompson: Kudos to the Governor and the Legislature for continued focus on expanding broadband in the state

From Ashley Thompson: https://www.unitypoint.org/fortdodge/article.aspx?id=64d3cff9-bd9b-4378-bf73-ed604fe919f7&Trinity+Regional+Medical+Center+Launches+Telemedicine+Program

Crystal Drake: As a public health agency we see a huge barrier for dental health in rural SW Iowa. We do not have a local dentist in our county. Surrounding dentists either do not accept Medicaid or are not accepting any more Medicaid patients. Our public health agency provides dental screenings and has I-Smile/I-Smile@School staff. However, when we find a child that needs additional dental care, there is nowhere to send them. If they can't find care for advanced dental needs, they won't be seen for preventative care.

From Cindy Fiester: Is anyone from IHIN on this call?

From Laura Jackson: ADT sharing could be incredible for our state, It requires changes in people's work, process, and technology not to mention money. What are the barriers today that are most salient?

From Anne Gruenewald: Using social determinants of health for developing regional systems of care: https://www.healthleadersmedia.com/innovation/how-build-connected-community-address-social-determinants-health

Workgroup Leadership: *Randy Edeker, Suresh Gunasekaran, Kelly Garcia*
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